



STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS

PROFESSIONAL EMPLOYER ORGANIZATIONS

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.

www.state.sc.us/consumer

(803) 734-4200

Street Address

3600 Forest Drive
Columbia, SC 29204-4006

Controlling Person Character Reference

State of _____

County of _____

This is to certify that before me this _____ day of _____, 20____, personally appeared _____.

Being duly sworn, this person affirms that (he/she) is not a family member of the Applicant; is not employed by the Applicant or (his/her) company; is not an officer of a client company of the Applicant's company; is not an existing or proposed controlling person of the Applicant's company; and does not derive a profit from any relationship with the Applicant or the Applicant's company. This person further deposes and says, that (he/she) has known _____, Applicant for a license as a Controlling Person with a Professional Employer Organization doing business in the State of South Carolina for at least three (3) years; and, that said Applicant is a person with a history of honesty, trustworthiness, fairness, a good reputation for fair dealing, and respect for the rights of others and for the laws of this State and nation.

Signature

Title/Organization/Affiliation

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20____

(SEAL)

Notary Public For _____

My Commission Expires:
